

Family Therapy and Consultation Services and United Family Services Comments and OSC's Responses

In response to the Draft Audit Report (DAR) issued by the Office of the State Comptroller, Medicaid Fraud Division (OSC), Family Therapy and Consultation Services and United Family Services (Family Therapy), through counsel, submitted a response that takes issue with OSC's audit findings. In general, Family Therapy disagreed with OSC's findings; however, OSC stands by its conclusions based on the documentation and information it obtained during the audit.

Family Therapy also provided OSC with a Corrective Action Plan (CAP) indicating the steps Family Therapy will take or has taken to correct the deficiencies identified in the report but did not address whether Family Therapy would repay the identified overpayment.

Set forth below are Family Therapy's specific objections to the audit findings and OSC's responses to each. After reviewing Family Therapy's submission, OSC determined that there was no basis to revise any of its audit results. Family Therapy's full response is attached to the Final Audit Report (FAR) as Appendix A.

Family Therapy's Introduction and Objections to Extrapolation

Family Therapy's Comments

Although Family Therapy/United Family recognizes that its staff made some clerical and numerical errors, and that an overpayment recovery is appropriate, it rejects the theory that the errors can, or should be, extrapolated across the universe of claims from 2017 through 2022.

First and foremost, your extrapolation premise is flawed because it omits the thousands of claims submitted by Family Therapy/United Family to Medicaid and denied, and which amount to \$1,301,918. For example, during the period 2017 through 2022, Medicaid denied certain claims for services because it deemed that a particular beneficiary was no longer eligible for Medicaid. Accordingly, Family Therapy/United Family was not paid for those services, even though the service was provided pursuant to a prior authorization. Your audit failed to review those unpaid claims to determine whether Medicaid made a mistake which should result in a credit, or whether those claims were otherwise error-free, which would result in a much lower error rate for the universe of extrapolation. In either case, the overpayment number would be reduced.

OSC's Response

This challenge is misguided. For purposes of calculating an overpayment, OSC does not include denied claims because, by definition, such claims did not lead to payment by the Medicaid program. As such, these claims would not lead to any potential economic harm to the program for which the program would seek repayment. If Family Therapy believed that the Medicaid program improperly denied these claims, it could have followed the standard process for challenging such denials, but it did not do that. Accordingly, OSC properly did not include these claims in its extrapolation calculation.

Family Therapy's Objection to the Executive Summary

Family Therapy's Comments

Family Therapy/United Family objects to the statement "OSC's audit found that in over thirteen percent (13.14%) of the claims it reviewed, Family Therapy/United Family failed to meet Medicaid program requirements, including ones designed to protect the health and safety of Medicaid beneficiaries." Family Therapy/United Family feels this statement is unfair and misleading. While it may be true that the OSC found an error in 13.14% of their claims, Family Therapy/United Family disputes that the errors were all material errors, and certainly none of the errors related to actual risk of harm. Their policy has always been, and remains to this day, that staff cannot begin working with children and families until all onboarding documentation (including background checks and education qualifications) is submitted in full. Family Therapy/United Family prioritizes the safety of its clients and their families, and every staff member, the executive team, clinicians, directors, down through the administrative and billing team, can personally attest to the care and diligence Family Therapy/United Family puts into ensuring that their clients are provided safe, empathetic, experienced and knowledgeable staff who meet the requirements of all the relevant boards and agencies, including Medicaid. In the explanations below, Family Therapy/United Family goes into detail on what occurred and why they believe that an insinuation that they may have caused harm to their clients through negligence to be unfair and inaccurate.

OSC's Response

Family Therapy objects to OSC's statement that "in over thirteen percent (13.14%) of the claims it reviewed, Family Therapy/United Family failed to meet Medicaid program requirements, including ones designed to protect the health and safety of Medicaid beneficiaries," asserting that the identified errors did not result in actual risk of harm to beneficiaries.¹ OSC stands by its position that these errors involved requirements that are designed to protect the health and safety of beneficiaries and Family Therapy's failure to meet these requirements therefore increased the risk of harm to beneficiaries. That statement is logically sound and Family Therapy offered no argument or information to rebut it. Accordingly, OSC will not modify this portion of the Executive Summary or audit conclusions based on this finding.

Family Therapy's Objections to the Audit Findings

I. Family Therapy Failed to Follow Proper Billing Practices

A. Family Therapy's Objection: Failure to Maintain Behavioral Assistance Training Certifications for Behavioral Assistants

Family Therapy's Comments

Family Therapy/United Family is being cited for not having BA initial certification for four staff, BA recertification dated after the services date, and BA recertification expired. Family Therapy/United

¹ OSC notes that the final audit report reflects the rounded percentage of 13.15%; this revision does not affect the audit findings or conclusions.

Family's policy is and has been that BAs must complete their initial certification within six months of their hire date, and must be recertified prior to their certification expiration date. They are not to receive new cases if they do not meet either policy. Family Therapy/United Family has also increased that standard and put into place an even more strict policy which states that a BA is not to see a client if their BA certificate expires or if they have not completed the BA certification process. If they do not complete recertification or the initial BA certification in a timely manner, they are removed off of all of their cases and put on a performance improvement plan.

Regarding the citations, it appears as though there was miscommunication between Family Therapy/United Family's coordinators who staff new referrals and the administrators who collected the BA certifications. Family Therapy/United Family believes that they now have in place the proper procedures and processes to ensure that they do not assign new cases to staff who have not completed initial certification or recertification, and that BA staff who are not in compliance are restricted from seeing their clients until they have completed the certification process. Family Therapy/United Family accepts responsibility for this past oversight, and have put policies, procedures, and personnel in place to ensure it never happens again (See corrective action plan). With that being said, Family Therapy/United Family would dispute the notion that this placed their clients at risk of harm. In regard to the four BAs who did not complete their initial certification, all four were Masters-level students working towards becoming licensed therapists and receiving intensive trainings in their university courses, all with significant experience in working with children and families. In regard to the two BAs who performed service after their certification expired, both BAs had completed certifications in past, both had completed numerous trainings with the Department of Children and Families, and both had worked with children and families in an ethical and evidenced-based manner for many years.

You will recall that Family Therapy/United Family submitted to your office proof of training completed by one of the BAs five months prior to the date of service cited, but your office chose to reject the training because the agency had not filled out the "Core Competencies" section in the training system. The "Core Competencies" section of the training requirements is a subjective tool filled out by the agency Supervisor attesting to the skills of the BA. While this should have been completed, it does not negate the fact that the BA had completed his training requirement for recertification. Accordingly, Family Therapy/United Family believes this instance should not have been included in the extrapolation methodology. In regard to the BA who had received a new client and who Family Therapy/United Family did not submit recertification documentation, again, Family Therapy/United Family acknowledges its responsibility in assigning new cases to BAs who had not completed their recertification; Again, though, Family Therapy/United Family would like it known that this BA had numerous years of working with children in a caring and ethical manner, and had completed numerous trainings with the State and DCF. Family Therapy/United Family acknowledges the importance of BA trainings and certification, and have put policies and procedures in place to ensure that the regulations are strictly followed. However, Family Therapy/United Family believes that the educational and experiential background of our BAs, and the trainings and supervision they have received from our agency and the State, warrants the removal of the accusation of possibly placing its clients in harm's way.

OSC's Response

OSC found that Family Therapy improperly allowed 7 of the 30 BAs included in the audit sample selection to provide behavioral assistance services to beneficiaries without having obtained the

required initial certification within six months of their hire date and/or having obtained required re-certifications annually thereafter. In total, from this finding, Family Therapy improperly billed Medicaid for 10 of 213 claims, totaling \$956.51 in reimbursement.

Family Therapy generally agrees with OSC's findings but disputes one instance in which it asserts that proof of training was submitted for a BA who completed training five months prior to the date of service cited, but OSC rejected this because Family Therapy had not completed the "Core Competencies" section in the training system. OSC determined that this documentation did not meet Medicaid training requirements because the required "Core Competencies" section had not been completed, which Family Therapy acknowledges in its response. Although Family Therapy characterizes this section as "subjective," this section is a required component of the certification process and serves as the agency supervisor's formal verification and/or attestation of the BA's competency, skills, proficiency, and readiness to provide services. The absence of this required attestation prevents confirmation that the BA met Medicaid certification standards at the time services were rendered. Therefore, its absence is significant and justifies the inclusion of this instance as a deficiency.

Further, with respect to Family Therapy's statements regarding the education, experience, and prior training of the cited BAs, including their enrollment in master's level programs and participation in other trainings, those educational levels and experience are not substitutes for Medicaid program certification requirements. OSC found that some of Family Therapy's BAs did not obtain required certifications. Family Therapy acknowledges the importance of meeting training and certification requirements and that it failed to provide any evidence to dispute OSC's finding that some of its BAs lacked required certifications. Yet, Family Therapy still disputes OSC's finding that claims relating to these BAs are deficiencies that should be included in OSC's extrapolation. Family Therapy's argument is without merit because the Medicaid program's certification requirements serve a purpose – ensuring that BAs have met minimum training standards – and ignoring those standards would compromise the integrity of the Medicaid program. Accordingly, OSC will not modify its findings or the associated extrapolation.

B. Family Therapy's Objection: Family Therapy Failed to Maintain Proof of Education for Behavioral Assistants

Family Therapy's Comments

In this citation, the OSC is accusing Family Therapy/United Family of not having proof of education for two Behavior Assistants at the time of hire. In the audit report, the OSC states "Specifically, Family Therapy/United Family did not verify and maintain copies of diplomas or other proof of education at the time of hire. After receiving the Summary of Findings, Family Therapy/United Family subsequently requested and obtained diplomas from former BAs, highlighting its initial lapse in verifying, obtaining and retaining proof of education. By not meeting this requirement at the outset, Family Therapy/United Family increased the risk of employing BAs with inadequate education, thereby exposing Medicaid beneficiaries to services from personnel who may not have been qualified to provide care." This accusation is false. As every single one of Family Therapy/United Family employees can attest, Family Therapy/United Family has always strictly followed State and Medicaid laws and regulations regarding the collection of proof of education and licensure prior to the start of employment. Family Therapy/United Family has a thorough and tedious onboarding process for all new employees, and records are maintained and

kept up to date by a large group of HR administrators. In regard to this citation, Family Therapy/United Family did in fact verify and collect education background information that met CSOC and Medicaid requirements at the time of hire. In the case of Behavior Assistant ■■■: ■■■ was hired prior to present management, in 2017. At that time, the hiring team accepted ■■■ contract with his Master's program for Marriage and Family Therapy at La Salle University as proof that ■■■ met the educational requirements. Master's programs do not admit students without a bachelor's degree. Family Therapy/United Family has a hard file of ■■■ record (since moved to secure electronic file as well) that has ■■■ agreement with his supervisor and La Salle University, as well as a checklist from previous management specifically noting that the educational requirement was met and the documents collected. In addition, Family Therapy/United Family obtained and presented ■■■ diploma from his bachelors program as proof to the OSC that ■■■ did in fact have his bachelor's degree at the time of hire.

In the second case of Behavior Assistant ■■■: ■■■ was hired in 2010 by the former management team and left the agency in 2018. ■■■ proof of education was in fact collected at hire, and verified throughout her employment. The former executive team can attest to collecting ■■■ education background at time of hire. At the time of audit, we were unable to locate some of ■■■ hard file, possibly misplaced during transfer of all HR files to electronic file. The electronic file was incomplete, possibly due to errors in transfer. Family Therapy/United Family was able to obtain a copy of ■■■ bachelor's degree for this audit, proving that ■■■ did in fact meet educational requirements of the position at time of hire. In the very least, Family Therapy/United Family feels that showing proof that the BAs in question had obtained their bachelor's degree prior to employment is evidence that refutes the notion that Family Therapy/United Family possibly had put its clients in harms way.

Accordingly, Family Therapy/United Family rejects the theory that these two (2) instances be included in the extrapolation, or that they are not valid claims. As stated above, the BAs possessed the necessary education, the education level was verified by Family Therapy/United Family, and the service was provided.

OSC's Response

OSC found that Family Therapy failed to verify and maintain required proof of education at the time of hire for 2 of the 30 BAs included in the audit sample. Medicaid program requirements require providers to not only ensure staff meet minimum educational qualifications but also to verify and retain documentation demonstrating compliance at the outset of employment.

With respect to the first BA (a former employee), Family Therapy asserts that it met the educational requirements at the time of hire based on the individual's enrollment in a master's degree program. However, Family Therapy did not provide documentation demonstrating verification of the required educational credentials during the audit. Instead, after receiving the Summary of Findings (SOF), Family Therapy requested and obtained a copy of the BA's diploma from the former employee. By having obtained this documentation well after the time of hire, Family Therapy violated the Medicaid program requirement that the provider must verify such proof of education at the time of hire. Regarding the second BA, Family Therapy acknowledges that the individual's hard copy personnel file could not be located and that the electronic personnel file was incomplete. Although Family Therapy subsequently obtained a copy of the former BA's bachelor's degree after receiving the SOF, its inability to produce required

documentation during the audit again demonstrates a failure to retain proof of education as required.

While OSC does not dispute that the BAs ultimately possessed the requisite educational credentials, the relevant Medicaid program requirements place responsibility on the provider to verify and maintain documentation of those qualifications at the time of hire. When required documentation is not available, OSC cannot confirm that educational requirements were properly verified at the time services were rendered. Accordingly, OSC determined that both instances were properly included in the audit findings and extrapolation methodology. Therefore, OSC will not modify its findings.

II. Family Therapy Failed to Follow Proper Billing Practices

A. Family Therapy's Objection: Billing Unsubstantiated Services and/or Maintained Inaccurate and Incomplete Records

Family Therapy's Comments

For 7 of 16 claims, the hours of service on the SDED form conflicted with hours billed and paid. For example, one SDED form documented that one servicing provider rendered services on August 31, 2020, from 2:00 PM to 3:00 PM (one hour), but Family Therapy billed and was reimbursed by Medicaid for ten hours and fifteen minutes for the same service, a difference of nine hours and fifteen minutes.

Family Therapy reviewed each claim, and it does appear in fact that these claims were billed improperly. Family Therapy/United Family has a dedicated billing and administrative team who thoroughly review each claim prior to billing to ensure accuracy and completeness. Family Therapy/United Family's billers are extremely ethical and have no incentive to bill a claim in excess of what was documented by the clinician and client. In fact, one of the seven claims was billed for *less* than what should have been billed. The improper billings were clearly clerical errors, many of them with simple and clear explanations. All claims are billed in units, and each unit equals 15 minutes. When Family Therapy/United Family's billing team entered the units, they clearly added a digit by mistake to some of the claims (In the example the OSC cited above, the biller accidentally billed 41 units, instead of 4 units-Clearly adding a "1" by mistake). For others, they clearly mistakenly entered the amount of hours rather than the amount of units. Family Therapy/United Family's process includes a review of all remittances on Monday morning to ensure accurate billing. In these cases, for some reason Family Therapy/United Family's team missed the errors. Family Therapy/United Family understands as an agency that improper and inaccurate billing is absolutely unacceptable. Family Therapy/United Family would like to make clear that it had no knowledge of these errors, and if it had discovered them during its processes and oversight, they would have made corrections immediately. Family Therapy/United Family understands though, that it must ensure that procedures and personnel are in place to ensure improper billing does not occur or is caught immediately when they do, and take full responsibility for those claims that were billed inaccurately. Family Therapy/United Family has put into place new policies, procedures, and technology to ensure that any and all billing errors are found immediately and corrected (Please see corrective action plan).

OSC's Response

OSC found that for 7 of 16 claims reviewed, the hours of service documented on the SDED forms conflicted with the hours billed to and paid by Medicaid. Family Therapy reviewed these claims and agreed that the billings were inaccurate, attributing the discrepancies to clerical errors.

Regardless of an individual Family Therapy employee's intent or the explanation provided by Family Therapy's management, Medicaid regulations require that claims submitted for reimbursement accurately reflect the services documented and provided. Errors resulting from data entry mistakes, miscalculation of units, or billing process failures remain noncompliant billings. The existence of internal review processes or subsequent corrective actions does not negate the fact that inaccurate claims were submitted and reimbursed.

Given OSC's determination that Family Therapy improperly billed the identified claims and Family Therapy's acknowledgement of these errors, Family Therapy did not provide any basis to modify these findings. Therefore, OSC will not modify its audit findings.

Family Therapy's Comments

For 2 of 20 claims, you allege "the supporting documentation contained conflicting information. The SDED form documented services performed virtually; however, the progress note denoted services performed in-person, which calls into question the legitimacy of the services Family Therapy billed." Family Therapy/United Family disputes this characterization, and has explained to your agency that in both of these cases, the clinician met both the regulations of the Children's System of Care and of Medicaid. Both of these claims were services conducted by the same clinician, and the circumstances were uncommon.

In the first instance, the clinician met with the child in the home of the Grandparents, which was documented, but since the Grandparent left the session early, the Grandparent virtually confirmed that the session had occurred. A virtual email confirmation is an acceptable method of verification pursuant to CSOC. The clinician attested that the Grandparents would often leave the session early, and in an effort to have the guardian sign rather than the child (as per CSOC regulations), he would have a Grandparent sign virtually. Family Therapy/United Family has provided your office with the SDED form, the virtual confirmations from the Grandparents that the sessions occurred as listed on the SDED form, and an attestation from the therapist that he met with the child in person. There are occasions when a guardian may not be available to sign an encounter form at the end of a session, e.g., the guardian became indisposed, had an illness, or was not available at the end of a session for one reason or another. When this happens, CSOC guidance is to obtain a virtual/email confirmation from the guardian, which was done in this case.

In the second instance, the clinician documented the session in-person, but, again, the verification was done virtually. This is because the clinician met with the child at the request of the child family team (the care manager and family) in the child's court ordered "host home", and the parents then joined the session virtually through teleconference. Family Therapy/United Family's guidance for its clinicians is to have the guardians join their therapy sessions with their children as frequently as possible. In this instance, it was especially important, as the clinician was working with the family and child on reunification and improving family dynamics. Guidance is also to have the guardians sign the encounter form when possible, or to note a virtual session

occurred on the encounter form and obtain an electronic confirmation from the guardian. In this instance, Family Therapy/United Family's clinician went above and beyond to have the guardian confirm virtually that the session occurred.

Accordingly, the two (2) instances described above were a combination of in-person and virtual components and appropriately billed, and these two (2) instances should not have been included as overpayments or included in the extrapolation.

OSC's Response

OSC found that for two of the initially reviewed claims, the supporting documentation contained conflicting information, as the SDED forms indicated services were provided virtually while the corresponding progress notes indicated services were provided in-person. For these two claims, Family Therapy submitted additional documentation that included email confirmations from the guardians, as required by DCF. OSC accepted the email confirmation documentation, and accordingly, these claims were not included in the extrapolation methodology.

During the audit, OSC also identified two additional claims that were misclassified prior to the issuance of the Draft Audit Report (DAR) and should have been categorized as a conflicting documentation (in-person/virtual) finding. OSC communicated this clarification to Family Therapy on August 6, 2025, prior to the issuance of the DAR. In response, Family Therapy submitted documentation that consisted solely of provider attestations, without any corresponding guardian email confirmations for these claims. As a result, OSC was unable to verify the services and denied these claims.

Family Therapy's rebuttal addresses the two claims that were accepted and excluded from the extrapolation, rather than the two claims that remain unsupported and were denied. Because the denied claims lacked verification documentation, OSC determined that they were appropriately included in the audit findings. Accordingly, OSC will not modify its audit findings.

Family Therapy's Comments

For 6 of 16 claims, you allege "Family Therapy submitted SDED forms on which the service delivery date noted on the second page was outside of the prior authorization date (start and end date) specified on the first page of the SDED form. This discrepancy undermines the integrity of the provider attestation of page 1, as the certifying provider's certification will not correspond to the actual service date in return, signifying that page one was not related to page two."

Family Therapy/United Family requires strict standards be followed by all clinical staff in the completion of clinical documentation, particularly the SDED forms. Family Therapy/United Family acknowledges that in these six instances, the authorization dates were filled out either incompletely or inaccurately on page one. Family Therapy/United Family would, however, dispute the claim that this discrepancy, which was clerical in nature, undermined the integrity of the provider attestation for encounter dates listed on page two. The clinicians themselves fill out the cover sheet (page one) of the SDED form. It is our requirement that the SDED cover sheet be filled to completion and then signed by the clinician. As a way to save time, some clinicians will type in the demographic information of the child on the cover sheet (which rarely changes), as well as the authorization information (which can remain the same for up to three months), and then print

out the forms as needed to bring to the families to sign when sessions are conducted. They will then sign the cover sheet and submit to the agency. In these cited cases, a clerical error occurred where the clinician either neglected to fill out the authorization section or neglected to change the authorization dates (or add the new dates) after receiving a reauthorization. They still signed the cover sheet (page one) to attest to the sessions on the second page occurred. The clinician is required to submit page one and page two together, and we will not accept one page without the other. In summary, the incorrect or missing authorization dates were clerical errors, and the clinicians did in fact attest to the services documented on page two. It is our position that a clerical error on the cover sheet of the SDED form should not invalidate sessions that were performed and signed off on by the guardian.

Family Therapy/United Family would also note that while we acknowledge the SDED form is extremely important and should be filled out accurately and to completion, the SDED form itself is only one of a few ways that a clinician can attest to having performed a session. The OSC cites several laws in the justification of rejecting these claims which we feel we can prove were met. Family Therapy/United Family can provide proof in the form of signed encounter forms attesting to the sessions, signed progress notes entered into the electronic record attesting to the sessions occurring, submitted invoices attesting to the sessions occurring, and official authorizations for each service date in the record, all of which prove that we have met the legal requirements for these claims: Family Therapy/United Family can provide certification from the providers that information furnished on the claim was true, accurate, and complete; Family Therapy/United Family has kept the records so that it can disclose fully the extent of services provided; Family Therapy/United Family has furnished information for such services; and they have maintained records that document the extent of services billed. In light of this, Family Therapy/United Family would ask the OSC to reconsider this citation and accept these claims.

Therefore, although there was an error on the SDED form, the underlying prior authorization dates were correct, the service dates were correct, the service was appropriately provided, and the claim is valid. It is not fair to suggest that an immaterial error or typo somewhere in the documentation should invalidate the entire claim. The appropriate analysis is whether the error or typo is a *material* error or misrepresentation, not an irrelevant one.

OSC's Response

OSC found that for 6 of the 16 claims reviewed, Family Therapy submitted SDED forms in which the service delivery date noted on the second page was outside of the prior authorization date (start and end date) recorded on the first page of the SDED form. As a result, the information certified by the servicing provider on page one did not correspond to the actual date of service recorded on page two.

Family Therapy acknowledges that, for these six claims, the authorization dates on page one were incomplete or inaccurate and attributes these discrepancies to clerical errors related to pre-populating form fields. However, regardless of the reason for the error, the provider's signature on page one serves as an attestation that the services documented on the form were rendered during the authorized period by a qualified servicing provider. When the authorization dates on page one do not align with the service date on page two, OSC cannot confirm that the attestation applies to the documented encounter. In these instances, in which page one does not correspond

to page two, OSC cannot confirm whether the servicing provider verified, before rendering service, that they were qualified and authorized to render services for the documented date of service.

Although Family Therapy asserts that other documentation exists to support that services were authorized and rendered, Medicaid regulations require that the SDED form itself be true, accurate, and complete. The SDED form is the required document used to verify that services were delivered within the authorized period and that the certifying provider's attestation applies to the specific date of service.

Accordingly, OSC determined that the identified claims were appropriately included in the audit findings. Therefore, OSC will not modify its audit findings.

Family Therapy's Comments

For 2 of 16 claims, you allege "Family Therapy provided SDED forms that were missing signatures of the servicing providers attesting that the services were rendered."

Family Therapy/United Family again acknowledges that all SDED forms should be filled out to completion, with the cover sheet (page one) signed by the servicing clinician. Family Therapy/United Family has strict processes and procedures in place to ensure that all documentation is completed in a timely, accurate, and complete fashion. Family Therapy/United Family has numerous administrators whose sole job is to review documentation to ensure that all documentation is filled out in totality and completed in accordance with the laws and regulations of CSOC, the Division of Children and Families, and Medicaid. When a clerical error (such as forgetting to sign an encounter form) is found, the administrative team will return the form to the clinician and will not accept until it is returned and completed fully and accurately. In these two instances, the administrative team missed catching the unsigned cover sheet. That said, as mentioned above, the cover sheet of the SDED form is not the only way of attesting that a session was conducted. Family Therapy/United Family can prove that it had authorizations for each claim during the time of service. Family Therapy/United Family can also show signed invoices by the therapists in which they "attest" to providing the service. Family Therapy/United Family has a signed progress note for each claim entered into the record of the client, which also serves as an attestation. Finally, Family Therapy/United Family has the second sheet of the SDED form for each claim, which the therapist has the guardian sign for each claim date and time, and hands with their invoices to get paid (a, b1, b2, b3). Accordingly, these claims are valid claims and should not be included in the overpayment or extrapolation.

OSC's Response

OSC found that for 2 of the 16 claims reviewed, Family Therapy provided SDED forms that were missing the servicing providers' signatures attesting to the fact that the services were rendered. Family Therapy does not dispute that the required signatures were missing and attributes the omission to clerical oversight.

It should be noted, the SDED form serves not only to document the provision of services, but also to capture the servicing provider's contemporaneous attestation that the services were rendered and that the servicing provider was qualified and authorized to deliver those services on the documented date of service. The absence of the servicing provider's signature means that the

servicing provider did not certify that they rendered the services or that they possessed the minimum credentials required to provide those services. Accordingly, Family Therapy submitted these claims without having contemporaneous evidence that the servicing provider performed the services for the noted date of service.

Although Family Therapy asserts that other documentation exists to demonstrate that services occurred, such as progress notes, invoices, or guardian signatures, these records do not substitute for the specific requirement that the servicing provider certify the encounter by signing page one of the SDED form. Medicaid requires that the SDED form itself be complete and properly executed to support billing.

Accordingly, OSC determined that the identified claims were appropriately included in the audit findings. As such, OSC will not modify its audit findings.

Family Therapy's Comments

For 2 of 16 claims, Family Therapy failed to provide SDED forms that would support the claims for which Family Therapy billed and was paid.

Family Therapy/United Family prides itself on our standard of documentation and the quality and thoroughness of record keeping and documentation review. When documentation is submitted by a clinician, the submission undergoes a rigorous review procedure in which it is reviewed by several administrators and coordinators before ever reaching billing and payroll. It is then again reviewed by billers to ensure accuracy of billing submission. When documentation is submitted, the administrative team checks the SDED form immediately to ensure the dates and times are present and confirmed accurately and completely. If an SDED form or date is missing, that session is not billed and an inquiry begins to discover the reason for the error. In your draft report, you cite an instance where the SDED form contained the wrong date of service. The service and the correct date was documented on the time sheet, but, for whatever reason, was incorrect when transposed to the SDED form. It should be noted that the wrong date on the SDED form did not result in any double-billing or extra billing, and therefore no overpayment recovery is appropriate, because the service was provided. In the second instance, Family Therapy/United Family could not find a readily available explanation for the missing encounter form, other than to assume that it was misfiled in the wrong client's file. In both instances, Family Therapy/United Family recognizes that it is unacceptable to have clerical errors in billing or to have even one missing SDED form, and take full responsibility for the citations. Family Therapy/United Family has taken steps to ensure that we do not make mistakes in billing or documentation storage. (Please see corrective action plan.)

OSC's Response

OSC found that for 2 of the 16 claims reviewed, Family Therapy failed to provide SDED forms that would support the claims at issue.

For the first instance, although Family Therapy asserts that the service and correct date of service were documented elsewhere (e.g., timesheet), the required SDED form corresponding to the sampled date of service was not provided. Medicaid requires that an SDED form be maintained

to support each billed encounter, and documentation maintained outside of the SDED form does not provide a substitute for this requirement.

For the second instance, Family Therapy was unable to locate an SDED form for the sampled date of service and attributes the absence to a potential administrative filing error. In addition, the corresponding progress note for the claim was missing. The absence of both required documents prevents OSC from verifying that the service was rendered and properly supported in accordance with Medicaid requirements.

While Family Therapy acknowledges the documentation deficiencies and describes corrective actions implemented after the audit period, these actions do not negate the noncompliance identified during the audit. Accordingly, OSC determined that both claims were unsupported and appropriately included in the audit findings. As such, OSC will not modify its audit findings.

B. Family Therapy's Objection: Failed to Document Services with a Progress Note

Family Therapy's Comments

Family Therapy Failed to Document Services with a Progress Note OSC found that for 1 of 213 claims, totaling \$435 in reimbursement, Family Therapy failed to document services in a progress note.

Family Therapy/United Family prides itself on its standard of documentation and the quality and thoroughness of record keeping and documentation review. When documentation is submitted by a clinician, the submission undergoes a rigorous review procedure in which it is reviewed by several administrators and coordinators before ever reaching billing and payroll. It is then again reviewed by billers to ensure accuracy of billing submission. If a clinician submits documentation without a progress note, that submission is returned until the progress note is entered into the record. Unfortunately, Family Therapy/United Family was unable to find the missing note cited in the audit report. Family Therapy/United Family takes responsibility for the missing progress note, and have taken steps to ensure that progress notes are completed in a timely and complete fashion.

OSC's Response

OSC found that for one of the claims Family Therapy failed to document services in a required progress note. Family Therapy does not dispute this finding and acknowledges that the progress note could not be located.

While Family Therapy describes its documentation review processes and corrective actions implemented after the audit period, the absence of a required progress note for the sampled date of service results in incomplete documentation that does not meet Medicaid requirements. As such, OSC will not modify its audit finding.